

**VITAL RECORDS DIVISION**  
**APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE**

(Office Hours: Monday - Friday 8:00 a.m. - 4:00 p.m.)

(313) 876-4135

**INSTRUCTIONS:**

1. Please read carefully the information below before completing the application.
2. To obtain a certified copy of a birth record, the applicant must indicate his/her relationship to the person named on the birth certificate. Certified copies of birth records can only be issued to the individual, or the parent(s) named on the birth record. (MCLA 33.2882). This form is to be used to request certificates for births that occurred within the CITY OF DETROIT ONLY by MAIL ONLY.
3. Birth records for newborn children are not immediately available. Please allow 45 days from birth date of newborn before requesting a certified copy of the record. After 45 days, newborn birth records can be obtained by either mail-in application or walk-in request. All unwed births prior to October 1978 can be obtained only from Lansing.

For mail in request complete the application and send a copy of your current I.D., (driver's license or state I.D.) etc. or three documents, along with a Money Order or Certified Check payable to the City of Detroit **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS.** To insure prompt return, please follow the above instructions carefully.

**WALLET SIZED RECORDS ARE NOT AVAILABLE FOR DETROIT BIRTHS**

**PLEASE USE ONE FORM PER REQUEST (PRINT CLEARLY)**

1. Name at Birth:

(First)

(Middle)

(Last)

2. Place of Birth

DETROIT

Date of Birth

City

Hospital (if known)

M o

Day

Year

3. Mother's Name:

(First)

(Middle)

(Maiden Name)

4. Father's Name:

(First)

(Middle)

(Last)

5. Records can be provided only to establish person. Are you the person named in Line 1, 3 or 4? ( ) Yes ( ) No

If no, what is your relationship to the person in Line 1:

6. Applicant's Signature: \_\_\_\_\_

**THIS BOX FOR INTERNAL USE ONLY**

Certificate N0. \_\_\_\_\_

Year \_\_\_\_\_

# of Copies \_\_\_\_\_

**PLEASE PRINT YOUR NAME AND MAILING ADDRESS BELOW:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

rev. 07/03

	Rate	Senior
Please send the Following	Fee	65 years +
( ) Certified Photocopy of Original Birth Certificate	\$ 17.00	\$5.00
( ) Additional Copies	\$5.00	\$5.00
( ) Total Amount Enclosed	\$ _____	

**MAKE MONEY ORDER OR CERTIFIED CHECK**  
**PAYABLE TO "CITY OF DETROIT"**

Mail To: Vital Records Division  
1151 Taylor  
Detroit, Michigan 48202

